ST JOSEPHS HOME

9244 9TH AVENUE

KENOSHA 53143 Phone: (262) 694-0080 Ownership: Nonprofit Church-Related Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled

Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No

Number of Beds Set Up and Staffed (12/31/00): 93 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 93 Average Daily Census: 91 Number of Residents on 12/31/00: 91

County: Kenosha

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	24. 2
Supp. Home Care-Personal Care	No					1 - 4 Years	41.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1. 1	More Than 4 Years	34. 1
Day Services	No	Mental Illness (Org./Psy)	28. 6	65 - 74	6. 6		
Respite Care	No	Mental Illness (0ther)	4. 4	75 - 84	25. 3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	52. 7	************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1. 1	95 & 0ver	14. 3	Full-Time Equivale	nt
Congregate Meals	No	Cancer	5. 5			Nursing Staff per 100 R	esi dents
Home Delivered Meals	No	Fractures	1. 1		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	20. 9	65 & 0ver	98. 9		
Transportation	No	Cerebrovascul ar	14. 3			RNs	16. 2
Referral Service	No	Diabetes	3. 3	Sex	%	LPNs	5. 7
Other Services	No	Respiratory	1. 1			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	19. 8	Male	19. 8	Aides & Orderlies	42. 4
Mentally Ill	No	ĺ		Female	80. 2	İ	
Provi de Day Programming for		İ	100.0			I	
Developmentally Disabled	No	ĺ			100. 0		
Provide Day Programming for		 				 	

Method of Reimbursement

		Medi	care		Medio	ai d											
		(Title 18)		(Title 19) Othe			her Pri vate Pay				1	Manage	Percent				
			Per Die	em		Per Die	m		Per Die	em		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No). %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	9		\$311. 34	38	82. 6	\$101.51	1	100. 0	\$101.51	34		\$145.90	0	0. 0	\$0.00	82	90. 1%
Intermediate				8	17. 4	\$83. 81	0	0.0	\$0.00	1	2. 9	\$143. 56	0	0.0	\$0.00	9	9. 9%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	9	100. 0		46	100. 0		1	100. 0		35	100.0		0	0. 0		91	100.0%

ST JOSEPHS HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	ions, Services, and	d Activities as of 12/	′31/00
Deaths During Reporting Period							
				(% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	7.7	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	7. 7	Bathi ng	0. 0		51. 6	48. 4	91
Other Nursing Homes	10. 3	Dressi ng	3. 3		48. 4	48. 4	91
Acute Care Hospitals	64. 1	Transferring	18. 7		51. 6	29. 7	91
Psych. HospMR/DD Facilities	0.0	Toilet Use	9. 9		57. 1	33. 0	91
Rehabilitation Hospitals	0.0	Eati ng	51. 6		22. 0	26. 4	91
Other Locations	10. 3	***************	******	*****	*******	********	*******
Total Number of Admissions	39	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3. 3	Receiving Resp	iratory Care	5. 5
Private Home/No Home Health	17. 9	0cc/Freq. Incontine	nt of Bladder	67. 0	Receiving Trac	heostomy Care	0. 0
Private Home/With Home Health	7. 7	0cc/Freq. Incontine	nt of Bowel	46. 2	Receiving Suct	i oni ng	0. 0
Other Nursing Homes	2.6				Receiving Osto	my Care	3. 3
Acute Care Hospitals	10.3	Mobility			Recei vi ng Tube	Feedi ng	3. 3
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	0.0	Receiving Mech	anically Altered Diets	33. 0
Rehabilitation Hospitals	0.0						
Other Locations	5. 1	Skin Care			Other Resident C	haracteri sti cs	
Deaths	56. 4	With Pressure Sores		4.4	Have Advance D	i recti ves	100. 0
Total Number of Discharges		With Rashes		1. 1	Medi cati ons		
(Including Deaths)	39				Receiving Psyc	hoactive Drugs	49. 5
**********	*****	*******	*******	*****	******	*******	*******

	Ownershi p:		Bed	Si ze:	Li co	ensure:			
	Thi s	Nonj	profi t	50-	99	Ski l	lled	Al l	
	Facility	Facility Peer Group		Peer	Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97. 8	87.8	1. 11	87. 3	1. 12	84. 1	1. 16	84. 5	1. 16
Current Residents from In-County	81. 3	82. 6	0. 98	80. 3	1. 01	83. 5	0.97	77. 5	1.05
Admissions from In-County, Still Residing	46. 2	25. 9	1. 78	21. 1	2. 19	22. 9	2.02	21.5	2. 15
Admissions/Average Daily Census	42. 9	116.8	0. 37	141.8	0. 30	134. 3	0. 32	124. 3	0.34
Discharges/Average Daily Census	42. 9	117. 3	0.37	143. 0	0.30	135. 6	0. 32	126. 1	0.34
Discharges To Private Residence/Average Daily Census	11. 0	43. 9	0. 25	59. 4	0. 19	53.6	0. 20	49. 9	0. 22
Residents Receiving Skilled Care	90. 1	91. 3	0. 99	88. 3	1. 02	90. 1	1.00	83. 3	1.08
Residents Aged 65 and Older	98. 9	97. 1	1.02	95.8	1.03	92. 7	1.07	87.7	1. 13
Title 19 (Medicaid) Funded Residents	50. 5	56. 2	0. 90	57.8	0. 87	63. 5	0. 80	69. 0	0. 73
Private Pay Funded Residents	38. 5	37. 5	1.02	33. 2	1. 16	27. 0	1.42	22.6	1. 70
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	33. 0	36. 3	0. 91	32.6	1.01	37. 3	0. 88	33. 3	0. 99
General Medical Service Residents	19. 8	21. 1	0.94	19. 2	1.03	19. 2	1.03	18. 4	1.07
Impaired ADL (Mean)	60. 4	50.8	1. 19	48. 3	1. 25	49. 7	1. 22	49. 4	1. 22
Psychological Problems	49. 5	50. 0	0. 99	47. 4	1.04	50. 7	0. 97	50. 1	0. 99
Nursing Care Required (Mean)	6. 3	6.8	0. 93	6. 1	1.04	6. 4	0. 98	7. 2	0. 88